

HOUSE BILL 3149
By Marrero

AN ACT to amend Tennessee Code Annotated, Title 56;
Title 68 and Title 71, and to enact the "Women's
Health Improvement Act of 2006".

WHEREAS, women in Tennessee are diagnosed with and die from cervical cancer at a rate that is among the worst in this nation; and

WHEREAS, it may be possible to decrease the number of Tennessee women who are diagnosed with and die from cervical cancer by providing Tennessee women with greater access to gynecological care and more information related to cervical cancer detection and prevention; and

WHEREAS, it is the intent of the general assembly to take appropriate steps to improve the health care of all Tennesseans when it is possible to do so; now, therefore,

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. The title of this act is, and may be cited as, the "Women's Health Improvement Act of 2006".

SECTION 2. Tennessee Code Annotated, Section 68-1-1805, is amended by inserting the following as a new, appropriately designated subsection thereto:

(d) The department of health is directed, as a component of the public awareness campaigns required by this section, to include information for women about the importance of obtaining a test for human papillomavirus in addition to obtaining a routine pap smear test. In addition, the department is directed to encourage health care providers in this state routinely to provide both human papillomavirus and pap tests for women and to educate women about the value of both tests.

SECTION 3. Tennessee Code Annotated, Title 56, Chapter 7, Part 25, is amended by adding the following language as a new, appropriately designated section:

§ 56-7-2508.

(a) As used in this section, unless the context otherwise requires, “cervical cancer examinations and screenings” means conventional papanicolaou (“PAP”) smear screening, liquid-based cytology, and human papillomavirus (“HPV”) detection methods for women with equivocal findings on cervical cytologic analysis that are subject to the approval of and have been approved by the United States food and drug administration.

(b)

(1) Notwithstanding any other provision of law to the contrary, any individual, franchise, blanket, or group health insurance policy, medical service plan contract, hospital service corporation contract, hospital and medical service corporation contract, fraternal benefit society, health maintenance organization, preferred provider organization, or managed care organization which provides hospital, surgical, or medical expense insurance shall provide coverage under any such policy, contract, or plan for cervical cancer examinations and screenings. Coverage shall be provided in accordance with the most recently published guidelines of the American Cancer Society, and shall include coverage for examination, laboratory fee, and interpretation of laboratory results.

(2) The provisions of this section are applicable to all health benefit policies, programs, or contracts which are offered by commercial insurance companies, nonprofit insurance companies, health maintenance organizations, preferred provider organizations, and managed care organizations, and which are entered into, delivered, issued for delivery, amended, or renewed after January 1, 2007.

(3) Reimbursement for cervical cancer examinations and screenings shall be determined according to the same formula by which charges are developed for other preventive medical care. Such coverage shall have durational limits, dollar limits, deductibles, co-payments, and coinsurance factors that are no less favorable than for other types of preventive medical care generally.

(4) Nothing in this section shall be construed to prohibit any insurer from providing medical benefits greater than or more favorable to the insured than the benefits established pursuant to this section.

(5) The provisions of this section shall not apply to short term travel policies, short term nonrenewable policies of not more than six (6) months' duration, accident only policies, or limited or specific disease policies. The provisions of this section shall apply to TennCare or any other medicaid program offered in this state that provides coverage to adult women.

SECTION 4. Tennessee Code Annotated, Section 56-7-2356, is amended by inserting the following as a new, appropriately designated subsection thereto:

(g) Each managed health insurance issuer that offers a plan that limits its enrollees' choice of providers shall maintain a network that is sufficient to allow any woman age eighteen (18) or older to choose an obstetrician or gynecologist as her primary care provider in her discretion.

SECTION 5. If any provision of this act or the application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the act which can be given effect without the invalid provision or application, and to that end the provisions of this act are declared to be severable.

SECTION 6. This act shall take effect upon becoming a law, the public welfare requiring it.